DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628 ATTN: RECORDS $\underline{\$10.00}$ PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

| I, | | | 1 1 | |
|--|-------------------|--------------|--------------------|---------|
| FULL Name (Must Be Printed-Legib | ly) (SOC | C) | / / (DOB – mm/d | d/yyyy) |
| PURSUANT TO NMSA 1978, SECT ARREST RECORD INFORMATION AG | | Pamp. 1990), | OF THE NEW | MEXICO |
| l, | | | Γ | SELF |
| Name (Must Be Printed) | | (| If No Agent, Check | "SELF") |
| ADDRESS:,, (Street number, (Apt #), S | treet, City, Cour | nty, State) | | |
| AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES. TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE. I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE | | | | |
| APPLICANT SIGNATURE: | | | | |
| | DATE: | | | |
| (*ATTN: NOTARY-ENSURE DOCUME (GUARDIAN) IN YOUR PRESENCE A | | | | (סו כ |
| SUBSCRIBED AND SWORN TO BEFO | ORE ME THIS [| DAY OF | | _,20 |
| (SEAL) | (NOTARY PU | JBLIC) | | |
| MY COMMISSION EXPIRES: | | | | |